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ART. I.—BRITISH ASSOCIATION, (MEDICAL).

We cite the following report of the medical transactions of the "British Association," which met lately at Liverpool, from a recent English periodical.¹ It is stated to be taken partly from the *Athenæum*, and partly from an original report.

—
President.—WILLIAM CLARK, M. D.

Vice Presidents.—Jas. Carson, M. D., F. R. S.; Peter Mark Roget, M. D., Sec. R. S.; Robert Bickersteth, Esq.; Professor R. T. EVANSON, M. D., M. R. I. A.

Secretaries.—James Carson, Jun., M. D.; J. R. W. VOSS, M. D.

Committee.—Neil Arnott, M. D., F. R. S.; Richard Bright, M. D., F. R. S.; Hugh Carlisle, M. D.; James Copland, M. D., F. R. S.; Professor Richard T. EVANSON, M. D., M. R. I. A.; Richard Formby, M. D.; Augustus B. Granville, M. D., F. R. S.; John Houston, M. D., M. R. I. A.; James Johnson, M. D.; James Macartney, M. D., F. R. S.; Charles Herbert Orpen, M. D.; Wm. Henry Porter, Esq.; Charles B. Williams, M. D., F. R. S.; John Yelloly, M. D., F. R. S.

LIVERPOOL, MONDAY, SEPT. 11, 1837.

Dr. Roget stated that he presided on this occasion owing to the absence of Professor Clark, whose arrival was expected.

The second report of the sub-committee, appointed by the association to investigate *the Motions and Sounds of the Heart*, was read by Dr. Charles Williams.

Before describing their last investigations, the committee stated that they had found frequent opportunities of confirming the conclusions of their former researches on the natural sounds of the heart; and these conclusions not having been shaken by any subsequent experiment or well-founded objection, the committee consider them established; viz. that the first sound of the heart is *essentially* caused by the sudden and forcible tightening of the muscular fibres of the ventricles when they contract; and that the second sound essentially depends on the reaction of the arterial columns of blood on the semi-lunar valves of the arterial orifices, at the moment of the ventricular diastole. Certain other circumstances were stated, as being capable of adding to or modifying these sounds.

The chief subjects of their present enquiry were, the unnatural, or morbid sounds, sometimes heard in the heart and arteries; and in investigating the causes of these sounds, which Laennec compared to blowing, filing, sawing, purring, and cooing, or musical sounds, they sought to determine, 1st, What is the essential physical cause of these sounds; and 2d, in what manner disease can develop this physical cause; a correct answer to these enquiries would determine the value of these sounds as signs of disease.

The committee found that they could produce precisely the same sounds in every variety, by impelling, in various modes and degrees, a current of water through India rubber tubes; and by numerous experiments, they ascertained the relations which the character of these sounds bore to the nature of the impediment, and to the force of the current. They obtained similar

¹ London Medical Gazette, Sept. 23d, 1837, p. 946.

results on experimenting on the arteries of living animals; and discovered, that in the human subject the same sounds may be produced by simple pressure, not only in the arteries, but in the veins also. They found that the sounds heard in the neck, described by some eminent French writers under the names "bruit de diable" and "bruit de mouche," as signs of a particular morbid condition, which requires the use of certain remedies, may be produced at will, by the pressure of the stethoscope on the jugular veins of the healthiest persons; and is, therefore, not necessarily a sign of disease, but has probably been accidentally caused by the same pressure, in many cases in which it has been considered as a morbid sign.

The committee conclude, in answer to the first enquiry, that a certain resistance to a moving current is the essential physical cause of all the various sounds in question, and that this resistance is generally given by some pressure on, or impediment in, the tube through which the current moves; but that sometimes the resistance is caused by a change in the direction of the current by which it is made to impinge on the walls of the vessel which contains it.

The second enquiry the committee think can be fully answered only by extensive clinical and pathological observation, with due regard to the previous investigations; but they have planned some experiments that promise to elucidate certain obscure points of the pathology and diagnosis of diseases of the heart and arteries, the knowledge of which would be of direct practical advantage. These points the committee propose to investigate, if the association think fit to reappoint them to this office.

The thanks of the section were voted to the sub-committee, and the members were requested to continue their labours.

Mr. Brett then read a paper—

"On the Physical and Chemical Characters of Expectoration in different Diseases of the Lungs, with some Preliminary Remarks on the Albuminous Principles existing in the Blood."

The remarks on the blood referred more particularly to a general view of the albuminous principles existing in that fluid. The simplest view which could be taken of the vital fluid, is that which refers its constitution to a mixture of fluid, or soluble and insoluble albumen,—the one constituting what is termed the serum, the other the crassamentum or cruor. The author of the paper then proceeded to relate the different opinions which had been published on the specific gravity of the blood, quoting the statements of Berzelius, Gmelin, Dumas, and other chemical philosophers of distinction; at the same time remarking, that all these statements did not differ materially from each other, and might be considered as depending upon the fact, that the specific gravity of the blood might differ slightly, not only in different individuals, but in the same individual at different times. He then noticed the different modifications of albumen existing in the serum, which he divided into three forms:—1st, Soluble or free albumen, capable of undergoing coagulation by heat; 2dly, Albumen in combination with a basic body, viz. soda; and 3dly, A form of albuminous matter, which he termed "the colourless self-coagulating albuminous principle."

The crassamentum, as it is commonly called, of the blood, he also considered as made up of more than one form of *solid albuminous matter*, viz. of solid albumen capable of undergoing decoloration by ablution with water, and of solid albumen incapable of being decolorated by the same process; the former being insoluble, and constituting what is commonly understood under the name of fibrine, the latter soluble in water, and frequently designated red particles, or *hematosine*. Some remarks then followed on the microscopic examination of the blood, and on the different forms of the globules in different animals. The author then proceeded to detail the various physical characters of the expectoration in the healthy condition of the lungs, as well as in its varied morbid states. The physical characters of saliva were entered upon, and the globularity of its opaque portions alluded to. The

physical characters of expectoration in the pituitous catarrh of Laennec were then detailed; also those of the expectoration in acute and chronic bronchitis, in hæmoptysis, or pulmonary apoplexy, in pneumonia, and lastly, in different stages of phthisis. The chemical characters of these different modifications of expectoration were then fully treated of, and reference made to a tabular arrangement which the author had embodied in his papers, exhibiting the action of certain re-agents—first on saliva and then on the different forms of sputa, the physical characters of which had been already fully noticed. It was remarked, that saliva did not contain any soluble albumen capable of undergoing coagulation by heat; neither did it contain any solid albuminous matter, the main bulk of the solid contents of that secretion being mucus. The mode of analysis adopted was, to deject saliva in cold water, and then subject the filtered fluid to the action of certain re-agents; another portion of saliva was then dissolved in a caustic alkali, and the alkaline solution subjected to the agency of certain tests. The quantity of solid matter in a given weight of saliva was also announced, as well as the saline matters, and their chemical nature stated: different authorities bearing on the subject were quoted, especially the statements of Berzelius and L. Gmelin. The chemical characters of expectoration in pituitous catarrh were then described, and a mode of analysis was stated to have been adopted, analogous to that employed in the case of saliva; this modification of sputum was regarded as purely mucous, possessing no albuminous matter; it was found to contain a very small proportion of solid matter in a given weight, but the quantity of saline matter was found to be considerable, when compared with the quantity of solid matter; and this saline matter the author's experiments led him to conclude was diminished in quantity as the disease progressed. The chemical nature of sputum of the acute and chronic bronchitic character was then entered upon, and noticed as differing in certain respects from the preceding form of expectorated matter, in containing, for example, a much larger proportion of solid matter in a given weight than was found in simple pituitous expectoration, and generally a smaller proportion of saline matter; it also differed in containing, generally speaking, small quantities of soluble albumen, capable of undergoing coagulation by heat.

Pneumonic expectoration was then treated of, and noticed as principally made up of a tough mucoid secretion intermixed with blood, to which last was owing its peculiar rust or brick-red colour, and also its power of undergoing, to a certain extent, coagulation by heat when mixed with water and filtered; it was also found to differ from most other forms of expectorated matter, in containing no inconsiderable quantity of oxide of iron, derivable from the blood with which it is impregnated. Phthisical expectoration was the last form of sputum, the chemical characters of which were described. It was noticed as differing materially in different stages of the disease—in the earlier and middle stages scarcely not at all—for the most part, at least, differing from the expectoration met with in chronic or acute bronchitic affections: in the latter stages, however, not unfrequently possessing the characters of a simple collection of puriform matter, containing very large quantities both of soluble and solid or insoluble albumen; much solid matter also in a given weight, with the ordinary saline matters found in other varieties of sputa, superadded to which was a notable proportion of oxide of iron. It was stated, that in no disease, except phthisis, did the expectoration contain so much soluble albumen capable of undergoing coagulation by heat; and also in no disease except pneumonia was there so large a proportion of solid matter in a given weight of the expectoration: this observation referring, however, to the sputum in the latter stages of phthisis, where it puts on the character of a collection of puriform matter. Allusion was then made to the fatty matter existing in expectorated fluids, which was found to be the same in quality in almost every variety of sputum, but differing in quantity, being much greater in quantity in well-marked phthisical expectoration than in any other variety. The fatty matter was peculiar, too, from the high temperature which it required for its fusion, it being considerably

higher than that necessary for the fusion of the more ordinary forms of fatty matter, and even higher than that required for cholesterine: this fatty matter was soluble in alcohol and ether, being deposited from the former when its boiling solution cooled. The author also referred to the power which a galvanic current, even of low intensity, possessed of coagulating the aqueous fluid, obtained either by digesting saliva, or any of the modifications of expectorated matter before alluded to, in water, and filtering the fluid. This coagulation was not regarded by the author as proving the presence of albumen, because, in cases in which the galvanic current effected the change in question, the most delicate re-agents with which chemists are acquainted for the detection of albumen, failed to detect the slightest trace. The author then detailed his experiments on crude and softened tuberculous matter; he submitted the former to the action of the same re-agents as he employed to react upon ordinary fibrine, and was led to conclude that the crude tubercle did not differ chemically from solid albumen or fibrinous matters. The mode of analysis employed in examining the crude and softened tubercle, was the following:—It may be observed that the crude tubercle was examined side by side with ordinary fibrin; the crude tubercle was dissolved in a weak solution of caustic potass; a similar solution of fibrinous matter was obtained, and both submitted to the action of the same re-agents, with results as nearly similar as possible. The agents employed were the mineral acids, acetic fluid, and ferrocyanide of potassium, tinct. galls, corrosive sublimate, &c. The softened tuberculous matter was first dejected in water, and then filtered; the filtered fluid, when submitted to re-agents, was found to contain soluble albumen,—that portion of the tubercle insoluble in water, was dejected in a weak alkaline fluid, by which a solution was obtained. This alkaline solution, when submitted to the necessary re-agents, indicated the existence of solid albuminous matter or fibrin; hence the softened tubercle was regarded as analogous in its chemical characters to purulent matter. Experiments were then made on the tuberculous matter, which had undergone perfect softening, and the result was, that the latter was chemically identical with pus; from which it was deduced that fibrinous matter was, by a process of softening or fluidfaction, converted into actual pus, and hence a fruitful source of the abundantly albuminous fluid found in the expectoration of patients in the latter stage of phthisical disease. The author then concluded his paper by stating the results of a quantitative analysis of the expectoration of a marked puriform character, obtained from a patient in the last stage of phthisis. It was found to consist of water—albuminous matter, with a little mucus—extractives, soluble in alcohol; ditto, soluble in water; fatty matter—saline matters, consisting of the alkaline chlorides, phosphates, and carbonates, with earthy phosphates and oxide of iron.

TUESDAY, SEPTEMBER 12th.—*Dr. Carson in the Chair.*

Dr. Holland read a paper—

"On the Cause of Death from a Blow on the Stomach, with remarks on the means best calculated to restore animation suspended by such accident."

The writer commenced by stating, that the occurrence of death from a blow on the stomach has never received any full or satisfactory consideration. It is cursorily alluded to in treatises in which cases of sudden death, from a supposed impression made upon the nervous system, are discussed; and it is mentioned in this connection from being imagined to depend on the same mysterious cause. The cause of death from a blow on the stomach is referred to a shock communicated to the nervous system, by which the action of this organ is arrested. The primary impression is considered, by some, to be made upon the semilunar ganglion. The situation which this occupies, and not any peculiarly intimate connection which it has with the heart, has suggested this explanation. Were it unequivocally shown that the heart derives its contractile power from this ganglion, and that this is

injured, or in any way affected by the blow, cause and effect would be too indissolubly united to admit of dispute. No one has, however, shown that the heart receives its nervous energy from such source, nor are there any facts demonstrating that this ganglion is injured or its functions disordered by a blow. No distinct evidence is, indeed, presented, proving that this occurs; writers on this subject speak only of suspended or deranged nervous action, and the effects of a shock on the nervous system.

The circumstances which have led to the adoption of the prevailing notion, may perhaps be reduced to three:—1. Situation of the ganglion. 2. The spot where the blow is received. 3. And the consequent fatal effect. These circumstances are the only reasons adduced; and yet, without other corroborating facts, they are scarcely deserving of notice. If the plexus or semilunar ganglion be considered as a centre of nervous energy, this does not supply the heart or chest generally, but, indeed, the aorta and abdominal viscera; and hence a blow on the pit of the stomach, were its effects transmitted directly through the nervous system to the organ supplied by it, would be more likely to disturb the functions of these viscera than the action of the heart. It is not unphilosophical to contend that an injury inflicted on this centre will disturb the organs dependent upon it; but the heart receives nervous influence from the brain, spinal cord, and sympathetic nerve, previous to the formation of the lunar plexus or ganglion; and, therefore, if affected through either, it cannot be explained to depend on the deprivation of nervous fluid, but on the transmission of an impression or undulation.

In entering upon this enquiry, the first step was to determine the important organs peculiarly liable, from their situation and functions, to be deranged by a blow on the stomach. Those were the aorta and vena cava ascendens. The pit of the stomach is unquestionably the situation where these large and important vessels are alone liable to severe functional derangement from a blow. Above this point they are securely protected by the parietes of the chest, and below it by the mass of abdominal viscera. A blow in this situation has necessarily a tendency, whether it strike the artery or the vein, to urge the circulating fluid towards the heart. Nature, by means of the semilunar valves, has prevented the frequent occurrence of such an accident; but the violence of the blow is quite sufficient to overcome this obstacle or barrier to the retrograde motion of the blood. The fatal result is to be referred to the sudden propulsion of arterial fluid into the left ventricle, and not to the greater force with which the venous blood may possibly be returned to its destination. In discussing this subject there are three points to which especial attention should be given. 1st. Is the aorta so situated as likely to be influenced in the manner stated? 2dly. Would a blow, given with great violence, cause a retrograde motion of blood, and its entrance into the left ventricle? 3dly. Would the latter circumstance be sufficient to cause death?

The latter part of the paper was occupied in endeavouring to establish the principles laid down; showing that death from a blow on the stomach is not, as has always been considered, referable to any injury or impression made on the nervous system.

Dr. John Reid then gave an account of an *Experimental Investigation into the Glossopharyngeal, Pneumogastric, and Spinal Accessory Nerve*.

This communication which was but a short epitome of some lengthened observations which Dr. R. had drawn up on this subject, embraced the principal results which he had deduced from an extensive series of experiments, performed by himself, upon those complicated and important nerves generally included under the eighth pair.

Glossopharyngeal.

The experiments on this nerve were all performed on dogs, and were twenty-seven in number. Seventeen of these were for the purpose of ascertaining if it was to be considered a nerve both of sensation and motion, and

what were the effects of its section upon the associated movements of deglutition and on the sense of taste. The other ten were performed on animals immediately after they had been deprived of sensation, with the view of satisfying himself more thoroughly how far it is to be considered a motor nerve. The most remarkable effect witnessed in these experiments was an extensive convulsive movement of the muscles of the throat and lower part of the face, on irritating this nerve in the living animal, provided the irritation was applied to the trunk of the nerve before it had given off its pharyngeal branches, or was applied to one of the pharyngeal branches separately. These movements were equally well marked when the nerve was cut across at its exit from the cranium and its cranial end irritated, as when the trunk of the nerve and all its branches were entire. The conclusions drawn from a review of the whole experiments were these:—That this is a nerve of common sensation. That mechanical or chemical irritation of this nerve before it has given off its pharyngeal branches, or of any of these branches individually, is followed by extensive muscular movements of the throat and lower part of the face. That the muscular movements thus excited, depend not upon any influence extending downwards, along the branches of this nerve to the muscles moved, but upon a reflex action transmitted through the central organs of the nervous system. That these pharyngeal branches of the glosso-pharyngeal nerve possess endowments connected with the peculiar sensations of the mucous membrane upon which they are distributed, though we cannot pretend to speak positively in what these consist. That this cannot be the sole nerve upon which all these sensations depend, since the perfect division of the trunk on both sides, if care be taken to exclude the pharyngeal branch of the par vagum, which lies in close contact with it, does not interfere with the perfect performance of the *function of deglutition*. That mechanical or chemical irritation of the nerve immediately after an animal has been killed, is not followed by any muscular movements, provided that care be taken to insulate it from the pharyngeal branch of the par vagum; and here, again, an important difference between the movements excited by irritation of the glossopharyngeal and those of the motor nerve is observed, for, while movements produced by the irritation of a motor nerve, such as the pharyngeal branch of the par vagum, continue for some time after the functions of the central organs of the nervous system have ceased, those from irritation of the glossopharyngeal are arrested as soon as all decided marks of sensation disappear. That the sense of taste is sufficiently acute after the perfect section of the nerve on both sides, to enable the animal readily to recognise bitter substances. That it may probably participate with other nerves in the performance of the function of the sense of taste, but it certainly is not the special nerve of that sense. That the *sense of thirst* does not depend entirely upon this nerve.

Pneumogastric or Par Vagus Nerve.

From the results of thirty experiments upon the par vagum, he is convinced that severe indications of suffering are induced by pinching, cutting, or even stretching this nerve, in almost all those animals operated on. In several experiments, in which the trunk of the par vagum was compressed by the forceps for a few moments, it was observed that in some of these cases powerful respiratory movements were thus produced, and were followed by struggles, yet no tendency to cough, and no act of deglutition which could be fairly attributed to this cause.

Pharyngeal Branches of the Par Vagus.

From seventeen experiments performed on dogs, either when alive or immediately after being deprived of sensation, he concludes that these are the motor nerves of the constructors of the pharynx, the stylo-pharyngeus, and palatine muscles; and that the sensitive filaments of these nerves must be comparatively few, if, under ordinary circumstances, they exist at all. Section of the pharyngeal branch of the par vagum on both sides, was fol-

lowed by very considerable difficulty of deglutition, in which the food appears to be forced through the passive bag of the pharynx by the powerful movements of the tongue, and of the muscles which move the hyoid bone and larynx.

Laryngeal Branches of the Par Vagus.

On irritating the superior laryngeal nerve by galvanism, or by pinching it with the forceps, when the glottis was exposed to view, no movement of the muscles which dilate or contract the aperture of the glottis is observed. Upon looking at the anterior part of the larynx, upon which the external laryngeal branch of this nerve is chiefly distributed, vigorous contractions of the crico-thyroid muscle, by which the cricoid cartilage is approximated to the thyroid, were always seen. On irritating the inferior laryngeal, obvious movements of the muscles which dilate and enlarge the aperture of the glottis followed. In some cases these movements were very vigorous, and it was observed that these did not produce an enlargement of the glottis, but, on the other hand, the arytenoid cartilages were approximated, so as in some cases to shut completely the aperture of the glottis. It was also distinctly observed, that the only outward movements of the arytenoid cartilages were merely produced by their return to their former position after they had been carried inwards.

From these experiments it was concluded, that all the muscles which move the arytenoid cartilages receive their motor filaments from the inferior laryngeal or recurrent nerves; and as the force of the muscles which shut the glottis preponderates over that of those which dilate it, so the arytenoid cartilages are carried inwards when all the filaments of one or both of these nerves are irritated.

These experiments also show us, that one only of the intrinsic muscles of the larynx receives its motor filaments from the superior laryngeal, viz. the crico-thyroid muscle, and that, consequently, the only change which the nerve can produce on the larynx as a motor nerve, is that of approximating the cricoid cartilage to the thyroid; in other words, of shortening the larynx. We shall see how far this view is supported by the subsequent experiments upon the living animal.

The superior laryngeal nerve was cut on both sides in two dogs and one rabbit, and these animals readily swallowed both solids and fluids, without exciting cough or the least difficulty of breathing. The lungs of these animals were carefully examined after death, and none of the food taken could be detected in the air-tubes. In several animals the superior laryngeals were first cut, and the inferior laryngeals immediately afterwards; and it was ascertained that the previous division of the superior laryngeal did not prevent the difficult breathing and symptoms of suffocation, which not unfrequently follow the division of the inferior laryngeal nerves, especially in young animals.

To procure still more positive assurance of the effect of section of the different laryngeal nerves upon the movements of the glottis, these four nerves were exposed in a full-grown cat, and the larynx was then dissected out, and brought forward, without disturbing the nerves. After watching for a little the vigorous movements of the muscles of the glottis, seen during the struggles, crying, and increased respiratory movements of the animal, the inferior laryngeal were then cut across, and instantly all the movements of the muscles of the glottis ceased, and the arytenoid cartilages assumed the position in which they are found after death. The superior laryngeals were then cut, without effecting the slightest enlargement, or any other change, upon the glottis. As the arytenoid cartilages were now mechanically carried slightly inwards during the rushing of the air through the diminished aperture of the glottis in inspiration, by which this aperture was still farther contracted, its edges were kept apart with the forceps until an opening was made into the trachea to prevent the immediate suffocation of the animal.

The glottis was brought into view upon another cat, as in the preceding

experiment, and the motions of the muscles of the glottis were again watched for a short time. The superior laryngeals were then cut, without diminishing in the least any of the movements of the arytenoid cartilages. The sides of the glottis were approximated, as in crying, so as to form but a narrow fissure; and in struggling the aperture became completely closed, in the same manner as when the superior laryngeal nerves were uninjured. It must be at once obvious, that these experiments are completely subversive of the statement that the inferior laryngeal supplies those muscles only which open the glottis, while the superior laryngeal nerves furnish the motor filaments to those muscles which shut the glottis; they also illustrate, in a very satisfactory manner, the cause of the dyspnœa in some cases where the inferior laryngeal nerves are cut or compressed.

Dr. Reid has also satisfied himself, that, when any irritation is applied to the mucous membrane of the larynx in the natural state, this does not excite the contraction of these muscles by acting directly upon them through the mucous membrane, but that this contraction takes place by a reflex action, in the performance of which the superior laryngeal nerve is the sensitive, and the inferior laryngeal is the motor nerve. He has also satisfied himself that the muscular contractions of the œsophagus are not called into action by the ingesta acting directly as an excitant upon the muscular fibre through the mucous membrane, but by a reflex action, part of the œsophageal filaments acting as sensitive, and others as motor nerves.

Spinal Accessory.

In seven dogs this nerve was cut on one side, without affecting the ordinary voluntary movements of that side of the neck. In several animals a weak dose of prussic acid was given after the nerve had been cut on one side. In several cases this was followed by prolonged, forcible, and regular respiratory movements, after the animal had been deprived of all consciousness and voluntary motion. In three of these cases distinct movements of contraction and relaxation were observed in the exposed sterno-mastoid muscles, synchronous with the other muscles of respiration. The contractions were perhaps weaker on the side on which the spinal accessory had been cut.

ART. II.—PARTUS SEROTINUS EPIDEMICUS.

Under this title, Dr. G. A. Michaelis, of Kiel, has referred to some protracted cases of utero-gestation observed in the lying-in institution of Kiel, in the year from July 1817 to July 1818.¹

He finds, from the books of the establishment, that the average duration of pregnancy was 276 days, and the weight of the children—rejecting all under six pounds—was about 7½ pounds, Hamburg measure,—the Hamburg weight being somewhat lighter than most others. In the year alluded to, of 64 cases, there were 19 in which the pregnancy exceeded 300 days; 13 in which it was over 290 days; 19 in which it exceeded 280 days; 10 in which it was between 260 and 280 days; and 3 in which it was less than 260 days. The average of these cases is more than 289 days; 13 days more than the general average.

Although there is much uncertainty in these estimates and probably much inaccuracy, unless nature works differently in Germany from what she does with us—the general average being about 280 days, and extremely

¹ *Neue Zeitschrift für Geburtskunde*, von Busch, d'Outrepoint und Ritgen. Band. iv. Heft. 2, s. 176.

protracted cases rare—the probability of some influence of an epidemic character being in action in the case mentioned by Dr. Michaelis is confirmed by the fact, that the average weight of the children in the 64 cases was 8 pounds, or half a pound more than the general average.

Dr. Michaelis suggests to the officers of similar institutions to institute enquiries with the view of discerning whether similar facts are to be found, applicable to the same period, in their registers.

ART. III.—OBSERVATIONS ON BLENNORRHAGIC EPIDIDYMITIS.

BY M. RICORD.¹

The following observations are from the distinguished physician to the Hôpital des Vénériens, of Paris.

All the diseases of the testicle may exist during or after blennorrhagia (gonorrhœa); some, although foreign to the running, experience its influence, or modify it in their turn.

But there is one of them which presents itself as a frequent and regular consequence; this is the swelling of the epididymis, to which we ought to give the rigorous term of *blennorrhagic epididymitis*, and which is inappropriately designated blennorrhagic orchitis of the testicle, or, vulgarly, clap (*chaude pisse*) fallen into the scrotum.

The disease, which we here discuss, does not happen once in three hundred times in the first week of the existence of a running, at least in first attacks; it is after the second, and especially the third week, and later, that it is developed. The same proportions are observed with respect to the acute and chronic state of the running.

Apart from the discharge, which is in some measure the special cause—the condition *sine qua non*—the most frequent occasional causes are: fatigue, constipation, the use of excitants of all kinds, and the neglect of a suspensory bandage.

From my observations on patients affected with epididymitis, who entered the hospital, in one twentieth of them the epididymitis showed itself after the use of anti-blennorrhagics, properly so called; for which reason it is not absolutely correct to say that this affection depends more frequently upon the abrupt cessation of the running, produced by the ordinary medicines; the inverse proposition may be sustained, to wit, that the sooner a blennorrhagia is cured the more speedily do we protect the patient from epididymitis.

But there exists an interesting fact, to wit, it has always been agreed that the left testicle was more frequently affected than the right; this proposition, which it has been attempted to destroy by a collection of a score of observations, still remains absolutely true. But it was necessary to know to what was to be attributed the cause of the right testicle oftener escaping the disease; the results of my observation in my attendance at the Hôpital des Vénériens have satisfied me that all those who wore the scrotum to the left of the seam of the pantaloons, and those were the most numerous, had epididymitis on the left; and those who were affected on the right, when asked about their former habit in this respect, affirmed that they carried the scrotum on the right of the seam.

In a later estimate made within the last few days, on fifteen cases of epididymitis of the right testicle, there was only one exception; and, what is curious, it was in an individual, the seam of whose *pantaloons did not*

¹ La Lancette Française, No. 27, Mars 4, 1837.

reach the perineum. On a patient, who had epididymitis on both sides, and who entered the hospital with disease on the left, although wearing the scrotum on the right, it had commenced in the latter side. On the whole there may be some exceptions; but the principal cause, which determines the side that will become affected, is certainly that which we have just pointed out.

As respects symptomatology, the following is what occurs, and which I can exhibit daily in my numerous cases:—

The first part affected, that in which the disease commences, and in which it may be arrested, is the *epididymis*. There is no blennorrhagic affection of the testicle without epididymitis; the engorgement of the epididymis most frequently succeeds the pain, but sometimes precedes it; the epididymis is the last part that continues diseased, even in complicated cases; after the epididymis comes the spermatic cord, and in the latter, first of all the vas deferens. There is no blennorrhagic affection which is confined to the cord; when the latter is affected the epididymis is always so.

But with regard to the affection of the epididymis and vas deferens there is an important fact to be remarked, which ought to induce us to admit two kinds of epididymitis,—one sympathetic, when the epididymis alone is affected; and the other by succession, or, if it be preferred, gradually, or by propagation of the inflammation when it extends from the urethra to the ejaculatory ducts, and from the latter to the vesiculæ seminales, thence to the vas deferens, and at last to the epididymis, as pathological anatomy has evidenced, and as I have manifested to the Academy in the preparation I lately presented to it.

This is not a trifling distinction as regards prognosis and treatment. Invariably, if the disease becomes intense, the neighbouring parts become affected, either by the propagation of inflammation, or by retardation of their functions. In this way affections of the tunica vaginalis arise; at times, this inflames, and gives rise to all the phenomena proper to inflammations of serous textures,—false membranes, serous and albuminous pus, and exhalations of blood. At other times, and this is the most common case, without participating in the inflammation, it presents the phenomena of sympathetic dropsies, arising under the influence of impediments to the circulation; but in all the cases, which according to my observations do not exceed a fifth, epididymitis is the cause of those symptoms, which never exist alone.

Upon the living I have been assured of this fact by making an exploratory puncture in epididymitis.

In the fifth part of the cases, where there was effusion, five sixths yielded a transparent citrine serosity, without any trace of inflammatory product. In this case also, before the puncture, the transparency of the tunic might be well appreciated.

After the complete discharge of the liquid in one case, the tumour dependent on the engorgement of the epididymis remained at least five times larger than the whole testicle of the opposite side. The swelling in epididymitis takes place gradually or quickly; sometimes it occurs by starts. Effusions into the tunica vaginalis are rarer when it takes place slowly.

If the disease continues to proceed, the cellular tissue of the scrotum and even of the spermatic cord becomes affected, and here we observe what takes place as regards the tunica vaginalis. There is either œdema through impeded circulation, or a true phlegmonous state; at last, the skin of the scrotum whose veins may be only engorged, the capillary circulation being increased, may in its turn present the characters of erysipelatous inflammation.

The body of the testicle, which most frequently remains free from disease, and which only suffers in some sort from pressure, more powerful and painful when the engorgement of the epididymis is joined to hydrocele, participates however sometimes in the disease, as has been shown by pathological anatomy, and as I have manifested to the academy in the case which I presented to it.

Without entering here into details of symptoms and progress, too well known to fix your attention, we may affirm, that in the great majority of cases, in the cure, those parts are cured first which were diseased the last, and what remains most frequently is the nucleus (*noyau*) of the epididymitis.

Hydrocele in particular is commonly sooner cured when it is owing to an inflammation of the tunica vaginalis; that which sometimes resists, and which may be produced a long time afterwards, consists in some measure of a passive effusion.

Epididymitis rarely proceeds to suppuration; I have seen but three cases of suppuration among the numerous patients I have observed; the pus in these cases, as in blennorrhagia, does not inoculate. Suppuration of the cellular tissue of the scrotum, when this arises from inflammation, is perhaps more frequent.

A fact still to be noted, because a contrary opinion is generally professed, is that the running, which frequently becomes very much diminished during epididymitis, never subsides entirely, or at least this does not happen once in two hundred cases; a more abundant return of the discharge takes place when the intensity of the inflammation of the epididymis diminishes; but the artificial increase of the running, during the acute stage of epididymitis, remains without influence on the latter, or aggravates it.

With respect to the diagnosis; amongst other characteristic signs, the accompanying discharge is one of the most constant.

As to prognosis, sympathetic epididymitis is less serious than epididymitis by succession.

The epiphenomena, such as hydrocele, œdema or phlegmon of the scrotum, erysipelas, &c., add, according to their degree of intensity, to the importance of the case.

As regards the treatment, that which succeeds the best, at first, as a prophylactic, is the use of a suspensory bandage, the antiphlogistic treatment of blennorrhagia, and anti-blennorrhagics used early. Afterwards, as the curative treatment of epididymitis, the horizontal posture, testicle elevated, general and local bleeding, leeches along the course of the spermatic cord and on the perineum, and along with antiphlogistics the use of compression, produce the most happy results.

Compression by means of strips of "*sparadrap de Vigo*," with mercury, in cases of sympathetic epididymitis, cures in four, five, and six days, if it be well applied; it opposes the development of hydrocele, and may strictly, as M. Velpeau has observed, and as I have experienced, allow the patients to devote themselves to their occupations without suffering. But, in order to effect a radical cure and prevent relapses, we must endeavour, whilst we are treating the epididymitis, to stop the running instead of allowing it to continue; for so long as it exists it remains a cause of the disease, which it frequently reproduces.

ART. IV.—SURVIVAL OF THE CHILD AND PLACENTA SEVEN HOURS AFTER THE DEATH OF THE MOTHER.

The independence of the circulation of the fœtus of that of the mother is proved by many facts, but by none more than that the placenta and fœtus may live for some time after the death of the mother. In this country this has been observed for one hour after the decease of the parent; and Marson¹ and Flajani, of Rome, have detailed analogous cases. Recently Dr. Nehr,²

¹ London Medical Gazette, Aug. 1833.

² Neue Zeitschrift für Geburtskunde, von Busch, d'Outrepoint und Ritgen. Band. iv. Heft. 1, s. 58. Berlin, 1836.

of Rehau, of the Circle of the Upper Maine, in Bavaria, has described the following case.

On the 23d of November, 1832, he was summoned to a female, twenty-nine years old, who had died suddenly. Seven hours afterwards, she presented every sign of absolute death; but the abdomen and vagina were still warm. Although there was but little prospect of the child's being still alive, the cæsarean section was performed, and a mature fœtus extracted, with its extremities quite flexible. The navel string, which was around the neck of the child, pulsated strongly, and the placenta was still in connection with the uterus. It was evident that between the child and placenta a complete circulation persisted. The midwife, flurried at the dark colour of the face and apoplectic condition, cut the navel string too soon, and to this, and the difficulty of applying warmth speedily, Dr. Nehr ascribes the non-resuscitation of the child. Respiration could not be established.

In his comments on this case, Dr. d'Outrepoint¹ refers to several others of similar character on record.

ART. V.—HOMŒOPATHY IN PARIS.

The following observations are from a recent French journal:²

Homœopathy is at a low ebb in Paris. As it has fulfilled none of its promises; as truth always arrives at the proper time and season; as the nullities, follies, and nonsense of this pretended method have struck the least observing; in short, as the *servum pecus* homœopathist has not made his fortune as rapidly as he hoped, the system is judged and reduced to its just and minimum value; the allopathists will ultimately carry the day, which is no difficult task, over their medico-atomical adversaries. In vain have the latter reproached us with not understanding their doctrine; of not knowing how to appreciate the *individual spirit* (*l'esprit individuel*) of the homœopathic remedies; in vain have they disseminated their petty priors, in which they tell of their marvellous cures; in vain does one of their priests—a reformed Saint Simonian—come annually to boast to the Athenæum of the sublime conceptions of Hahnemann; the public turns a deaf ear, and closes its purse; and one of the most extensively employed amongst those gentlemen has just become a proprietor of omnibuses—an evidence of good sense which we applaud.

Here and there we still find a few bigoted sectarians, but they are rare; at this we ought not to be astonished, inasmuch as the imbecile can no more appreciate evidence than the blind light.

ART. VI.—DIRECTIONS FOR THE STUDY OF PHTHISIS IN DIFFERENT CLIMATES.

READ IN THE NAME OF A COMMISSION, BY M. LOUIS.

(Extracted from the Bulletin of the Royal Academy of Medicine.)

We have been favoured by our friend, Dr. H. I. Bowditch, of Boston, with the original of the "*Instruction sur l'étude de la Phthisie considérée dans les divers Climats*,"—of which the following is a translation. That zealous

¹ Neue Zeitschrift für Geburtshunde, von Busch, d'Outrepoint und Ritgen. Band. iv. Heft. 1, s. 58. Berlin, 1836.

² Bulletin Générale de Thérapeutique Médicale et Chirurgicale, Dec. 31, 1836.

pathological enquirer, and his brethren who constitute the Boston Society for Medical Observation, have determined to return an answer to the questions contained in the report of the "Academy," by analysing the cases of phthisis that occur in the Massachusetts General Hospital, and by collecting cases for themselves during the next six months. We may be allowed to express a hope that the active and enthusiastic members of the profession who are attached to the different hospitals in various parts of the country will not permit the pathologists of Boston to remain solitary in their meritorious undertaking.

It is proper to refer to the occasion of these directions. A physician was convinced that the climate of Algiers would be favourable to consumptive patients. It was not that he was acquainted with the colony; but he had a presentiment, an idea, suggested by his reading or reflection. However this may have been, preoccupied with this thought, he wrote concerning it to the minister of commerce, on the 16th of July last, and proposed to him to form a sanitary depot in Africa, from which he ventured to predict most happy results. Before engaging in such expenditure, the minister was desirous of procuring the advice of a competent body, and consulted the academy. The reply is contained in the forty-third page of this bulletin. It is there said, in the existing state of science, nothing positive is known on the subject, and that without the assistance of well-formed statistics nothing can be known. Nevertheless the thing was well worth the trouble given to it. As a supplement to this project, M. Louis proposed the formation of a commission, to which the academy should assign the care of preparing directions proper for guiding the researches that might be agreed upon for obtaining the solution of the problem. These directions to be addressed to the correspondents attached to the academy in every part of the globe; for to know the influence of any particular climate on a disease, it is necessary to be acquainted with the manner in which the disease is affected elsewhere. This commission was appointed, and it was in its name that M. Louis made the report, which we now lay before our readers.

Gentlemen,—The Royal Academy of Medicine of Paris, at the termination of a prolonged discussion on the subject of the action of climate on the development and progress of phthisis, having felt that this action was far from being so clearly demonstrated as might be supposed from the practice of an immense majority of physicians, and no point of practical medicine presenting more importance, it has determined to enter upon it without delay.

But this question, like every one presented in medicine, can only be studied by means of numerous and well observed facts, and as it has reference to the influence of climate, these facts ought to be collected in the most varied parts of the globe. The academy is desirous of appealing to all physicians who, from their situation, can accumulate a sufficient number of facts; and it has the less hesitation in doing this, because if it solicits important works to attain the end it has proposed, these works will remain the property of their authors, the academy intending only to unite them, and bring to light the general facts, the elements of which will be contained in them.

Moreover, at the same time that the academy invokes the aid of physicians national and foreign to the solution of one of the most important questions of practical medicine, it has thought proper to make a kind of exposition of principles, or some details on the mode of effecting the labour which it proposes to them, so as to make them simultaneously acquainted with words and things, and this it has attempted to do in the following brief *exposé*.

The first point of importance, in its opinion, is to decide with precision the meaning of the word *phthisis*. By this term the academy understand, with the majority of modern pathologists, that affection which, with few exceptions, leads to death through all the stages of marasmus, and is cha-

characterised, anatomically, by productions or tumours, which are developed in the pulmonary parenchyma—are commonly of a round shape, of a greenish yellow colour, and of a homogeneous and dull appearance, are firm, at first difficult to be crushed, but soften after a variable period, empty themselves into the bronchi, and are replaced by more or less considerable excavations, and are commonly preceded by gray semitransparent granulations, which are the origin of them; so that in some cases these granulations exist alone. Every other disease of the pleura and of the lungs, which may lead to death through all the degrees of marasmus, without being connected with the lesion that has just been described, is not considered by the academy to be a case of phthisis.

As to the foundation of the matter, the solution of the question, properly so called, it must appear evident to every one, that the influence of climate on the development and progress of phthisis can scarcely exhibit itself except in the following manner,—either by rendering the disease more uncommon in one country than in another; by accelerating or retarding its progress; or, at once, by rendering the disease more uncommon and slow in its progress, either in natives or strangers, other things being equal as respects age, sex, &c. &c.

The solution of the first question—the rarity or frequency of phthisis—is evidently wholly anatomical, and wherever numerous necroscopies can be made in hospitals, materials may be collected which will serve to resolve it. With this end it will be sufficient to determine, in a certain number of subjects who have succumbed, how many have been carried off by phthisis, or have tubercles in the lungs; provided nevertheless that the hospital in which these facts have been collected is not specially consecrated to the aged or to chronic diseases; for under such circumstances the results to be rigorous would not be less false. The same would also be the case if, in consequence of administrative measures, the consumptive were not received into the hospital in which the facts were collected; for in such a case examples of tubercles would be found only as complications, and we might fall into an error not less serious than the preceding.

It may doubtless be conceived, that, in strictness, the facts relative to the part of the question that occupies us might be confined to a succinct description of the lungs; but in order that they might concur with those of which mention will be made presently, in studying the progress of the disease, it will be requisite to join to this description, whenever possible, the state of the digestive tube, and especially of the larynx, œsophagus, and small intestine; the condition of the mesenteric glands, of the air passages, and of the liver; and lastly the age, sex, and the more or less regular development of the skeleton.

The second part of the question, the progress of the disease, comprises two orders of facts,—the one relative to the subjects that succumb; the other to those that are cured, or whose disease is arrested in its progress. In both cases, a difficult and important circumstance to be determined is the *debut* of the affection;—important, for without it we cannot know the duration of the disease with any precision,—difficult, because it supposes questions very precise, and sufficiently numerous for this sole object; for the first answer of patients to the question—How long have you been sick? is generally inaccurate and insufficient. We must necessarily recur to it, and ask the patients whether, prior to the period indicated, they had fallen away; suffered at all; had pains in the chest, or been affected with hæmoptysis; and, in case of an affirmative reply to the last question, we should endeavour to know approximately the quantity of blood lost in a given space of time, &c.

The *debut* of the affection being determined, it will be necessary to collect all the symptoms that may characterise its *debut*, or at a later period, when the patient is submitted to observation; and consequently to practise carefully all the methods of exploration.

We may then investigate whether the progress of the disease has been continuous, intermittent or remittent, and what means have been employed

to combat it. Here again numerous and repeated questions are necessary, for *exact answers are only obtained in this manner*. And at the opening of subjects, who have died, it will be necessary not only to describe succinctly the lungs, but also, as has been mentioned above, to examine whether the secondary lesions, which, in the climate of France, appear exclusively, or almost exclusively, proper to the consumptive, whether the ulcerations of the larynx, trachea, and small intestine, and the fatty condition of the liver exist, for these lesions may not be equally frequent in all climates, and this difference, if it obtains, would indicate, so far as it goes, a difference in the progress of the disease.

And if, instead of leading constantly to death, the affection terminates, in some cases, in restoration to health, it would be necessary not to restrict ourselves to a simple statement of the fact, but to exhibit it in considerable detail, in order that no doubt may hereafter occur as to its reality, or as to the accuracy of the observation, and in order that error may be detected should any exist; for what physician is there who can pretend he has not occasionally committed errors of diagnosis, or who can expect to be credited on a simple assertion?

To the details just given may also be joined those that relate to sex or age, strength, weakness of constitution, profession, and the time they have followed it; the duration of their labour in the same day; their diet, and the moral commotions they have experienced: for without these details the necessary elements would be wanting for properly studying the influence of climate on the development and progress of phthisis.

Moreover, to facilitate the analytical labour of the academy and the comparison which it will have to make of the numerous facts collected in the most varied climates, the details in question, and those that relate to the first part of the problem, should be given in tables; one of which may have reference to the frequency or rarity of phthisis; the other to the progress of the disease; and these tables may be divided into as many columns as there are distinct objects to be placed on them; as we have endeavoured to do in tables 1 and 2,—tables which it may be well perhaps to take as models, for the sake of uniformity.

After the study of the sick comes that of the climate, and especially of localities, which very frequently have a more marked influence than the climate itself on the progress and development of diseases. It will therefore be necessary to make known the degrees of latitude and longitude of the country, in which the mean temperature has been observed for a certain lapse of time, as well as that of each month of the year in the same period; the mean quantity of the rain that falls each year, and each month of the year; the winds, the sudden variations of the atmosphere, the nature of the soil, low or high; the rivers and their direction; the quality of the water; the mountains, their height; the forests and their proportion to the cultivated land; the tempests and mists, &c., and these facts, like the preceding, may be arranged in as many columns, and, if we wish, in the order of table No. 3.

The academy has only requested, in the above, the details which it believes to be absolutely necessary for the solution of the problem it has proposed; but what it desires above all—above even the variety and number of observations—is their *exactness*, without which the most rigorous conclusions would lead only to erroneous results. It is of opinion, that the question proposed should be studied as if it were for the first time, if we would arrive at rigorous and accurate results; and as each of its members has renounced his opinion, at least momentarily, and until better informed, it hopes that those physicians, who will have the goodness to participate in the work which it proposes, will do so without any preconceived ideas; that they will endeavour to know and not to prove; that they will regard their mode of viewing the influence attributed to climate on the development and progress of phthisis as *provisional*, until the analysis of the statistical tables which they shall address to the academy enables it to know what is rigorously established on this matter. It hopes also, that they will feel

ART. VII.—ASPHYXIA BY STRANGULATION.—RESTORATION TO LIFE.¹

M. Labat, when walking in the Bois de Boulogne, hearing cries for succour, ran towards the place whence they proceeded, and found a veteran of the Invalids hanging to a tree. With the aid of those present, he raised the body, cut the cord, untied the knot, and although the person gave no signs of life, the hands and face being cold and livid, the eyes seeming to start from their sockets, the mouth frothy, and the tongue projecting between the lips, he hastened to employ the appropriate means for resuscitation, which were ultimately attended with complete success. After having been twice bled at the arm—which was not at first followed by any benefit, and did not yield much blood until after pulmonary insufflation had been employed, and long continued friction, some signs of life were gradually perceptible; the eyes resumed their movement; respiration and circulation were gradually re-established, and ultimately the recovery was complete.

This case suggested to M. Labat certain reflections of therapeutical and medico-legal interest.

1. That we cannot be too guarded against being discouraged by the first ineffectual efforts at resuscitation, when the body is even cold and apparently deprived of life.

2. That in the kind of asphyxia here described, the extent of the danger is far from being in a ratio with the horrible appearance commonly presented by the physiognomy. In fact, when the strangulation is not accompanied by luxation of the cervical vertebræ, death not being the immediate result of the suspension of respiration, the compression made by the cord on the jugular veins causes the blood to accumulate in the brain; the face becomes swollen and livid; the eyes tumefied; the tongue increases in size and assumes a violet hue; and in short the individual presents the progressive symptoms of the apoplectic state, which is not long in becoming mortal; whilst, in consequence of a violent shock, or the mere weight of the body, in certain subjects whose ligaments are naturally weak and easily torn, *aroido-atloidean* luxation readily takes place, and the spinal marrow being itself suddenly compressed and lacerated almost at its origin, death takes place on the instant; all circulatory movement being immediately suspended, the blood cannot accumulate in the brain, and the face cannot present the signs of apoplectic engorgement before mentioned.

3. As regards the projection of the tongue from the mouth, M. Labat has confirmed the view that this phenomenon is owing to the tongue being raised by the pressure of the cord, and in no respect to its engorgement with blood. Thus, in cases of this nature, the tongue only issues from the mouth when the ligature constricts the neck immediately beneath the larynx, whilst its exit never takes place when the cord has produced the strangulation beneath the chin. Lastly, M. Labat concludes, that a person who has been suspended has no chance of safety when his physiognomy appears almost natural, or more properly when it does not present the signs of apoplectic engorgement observed in the person whose case has been described.

¹ *La Lancette Française*, Dec. 20, 1836.

BIBLIOGRAPHICAL NOTICES.

Reports of the Massachusetts State Lunatic Hospital.¹

A series of most valuable reports. Those of Dr. Woodward, the superintendent, are especially instructive. They are well conceived, perspicuously expressed, and replete with sound suggestions. The note, too, in the appendix, on the subject of moral insanity, by the same gentleman, is well worthy of the attention of the medical jurist, and indeed of every one. We wish we had space to transfer it to our pages.

We extract the following "memoranda of the superintendent," touching the domestic affairs of the admirable institution to which he is attached.

"We rise at 6 o'clock, A. M. in the winter, and at half past 4 o'clock in the summer. We require all our patients to be washed, to have their heads combed, and to be fully clad before breakfast, which is at 7 in winter, and 6 in summer. Our dinner is at half past 12 o'clock; and supper, in winter, from half past 4 to 5,—in summer, from half past 5 to 6.

"At 8 o'clock, A. M. in summer, at half past 8 in winter, we make our regular medical visits, in which we see all the patients, enquire into their welfare, prescribe such medicines as we consider indicated, converse as much as is useful, ascertain the wants of each patient, and direct as to amusements, walks, labour, &c. Previous to this visit, we require that all beds be made, the rooms put in order, swept and ventilated, and the whole of the galleries be in good order, clean, and the air pure. This visit occupies the forenoon, and sometimes more. At 12, the subject of prescriptions is attended to. In the afternoon and evening, the assistant physician spends most of his time with patients in conversation and directing amusements.

"The steward and matron devote their time wholly to the institution, and spend much of it with the patients.

"The assistant physician always accompanies the superintendent in his regular morning visits, and fulfils, or sees executed, all directions given at the time.

"My practice is, to go frequently into the halls at unexpected hours, and generally extensively over the establishment in the evening. In the afternoon I attend to correspondence and make records, and receive such visitors as wish to attend to business connected with the patients, or the affairs of the hospital.

"Our present number of patients is 165. We have 15 regular attendants to take charge of these patients, and one male and female who devote a part of the time to this duty.

"Our present number of persons in employ is 34, including a mechanic, gardener, farmer, housekeeper, cooks, washers, ironers, tailorress, &c. &c.

"We employ no attendant who uses ardent spirits, tobacco, or snuff; who is not mild and kind in his feelings, and steady and faithful to his trust, and strictly moral in all his conduct.

"After breakfast in the morning we call for volunteers to labour. In the whole establishment forty or fifty do more or less labour out of the halls; a large proportion of the females sew and knit in their apartments.

"In summer we can get out to labour from twenty to thirty men; we have from ten to twenty mechanics, who could do considerable labour if we had suitable workshops.

"The females do much work in the establishment,—they wash, iron, make garments, sheets, shirts, pillows, mattresses, beds, and knit many socks and stockings for themselves and families.

¹ Reports and other Documents relating to the State Lunatic Hospital at Worcester, Mass. Printed by order of the Senate. 8vo, pp. 200. Boston, 1837.

"The amusements which we encourage and practise, more or less, are walking and riding, which are attended to extensively every day in favourable weather. Females ride, and men walk in parties of a dozen or more, and spend much time in the fields in summer. We encourage ball playing, foot ball, ninepins, dancing, singing in parties, reading, writing letters and essays, playing chess, whist, backgammon, chequers, morris, &c. &c.

"On Thursday afternoon of each week are the matron's *sewing parties*, to which all the female patients are invited who are sufficiently steady to attend, and work, or read, or play at games. A large amount of useful labour is done at these parties, and the patients spend their time very pleasantly together, and have fruits, &c. served before they disperse.

"We indulge our patients with fruits at all times, particularly the native fruits in the season of them,—apples, peaches, lemons, &c. are distributed frequently through the halls.

"We use nothing that is intoxicating as a drink in the hospital. Neither cider, wine, beer, or ardent spirits, are allowed in any form, by any person in the establishment, except medicinally. We prohibit smoking entirely, and chewing and snuffing tobacco by our patients as far as practicable. We employ no person who uses either spirits or tobacco, even if he is willing to pledge himself to abandon it.

"Our intercourse with the patients is familiar and parental. They greet us cordially, and generally are ready to acquiesce in whatever we prescribe or advise. We often unite with them in games to encourage amusements. So far as we are able, we gratify their wants and extend to them indulgences.

"Our diet is full and substantial; all our patients eat meat or fish once a day, and some of them twice, unless a simple diet is prescribed, which is rarely done. Tea, coffee, and milk are used liberally in the hospital; so are also butter and cheese. A good diet makes the insane satisfied and contented with the institution, and conduces to sleep at night and quiet by day. We have little or no complaint of the want of food.

"All our patients are kept warm by furnaces, without access to fire. We have never had a patient suffer from cold, and in no instance has there occurred the slightest injury from frost or burning.

"On the Sabbath a number of our patients attend church, and conduct themselves so as not to be distinguished from other members of the congregation.

"A chapel will be erected the current season for stated religious worship on the Sabbath. A large proportion of our inmates would be able to attend with regularity and decency.

"The board of trustees, under whose care the hospital is conducted, visit it every month and examine every part of the establishment, see every patient and direct improvements, establish rules and regulations, and discharge such as have recovered. Three or four times a year the whole board or a majority convene; at other times one or two members only make the visit.

"The institution has been opened very freely to visitors; formerly without restraint as to time or numbers; afterwards the trustees established a visiting day once a week. At present, visitors are admitted by a ticket from the trustees, on the afternoon of any day of the week excepting Sundays."—p. 183.

Dickson on the Fallacy of Physic.¹

When we first saw this volume we regarded it—as we now regard it—a specimen of the most unmixed nonsense we had ever witnessed; nor should we now have noticed the author's follies, had he not, in most intemperate

¹ The Fallacy of Physic as taught in the Schools, with the Development of New and important Principles of Practice. By Samuel Dickson, M. D. 8vo, pp. 180. Edinburgh, 1836.

and indecorous language, remonstrated on the merited rebukes, which he has received in the "British and Foreign Medical Review," and in Johnson's "Medico-Chirurgical Review." It is to corroborate—although corroboration is needless—the opinion of those respectable publications, that we notice the *abortion*, and allow the author to have every benefit which his own reply is capable of affording him. Intermittent fever is in his belief the "type of all disorder;" and all remedial measures may be "embraced in half a line,"—"attention to temperature."

The following precious *morceau* will enable the reader to form an adequate judgment of the matter and manner of the author.

"It is now some years since I first repudiated the lancet as a therapeutic agent—an instrument invented in an age of barbarism, the first and only resource of ignorant pretension in almost every case and country. Dr. James Johnson has not further remarked on this heresy of mine, than to make a passing note in which I allude to the number of cases treated by me in a given time, without depletion, the subject of his sneer, quoting it, moreover, as an instance of my tendency to quackery:—'What! not deplete your patients' purses?' he asks. No! Dr. James Johnson, I answer; never did I take a fee from either a medical practitioner or a servant—classes from whom *I am in a condition to prove*, that you not only take but demand it! Your charge of quackery, sir, I repel, and while I smile at the ineffable meanness and vulgarity of your insinuation, I must remind you of Mr. Jerden's exposure of *your note*, begging for a puff of one of your productions in the "Literary Gazette," of which he is the editor. Sir, I never asked mortal to puff myself or my writings. A proper bribe, I have no doubt, would have secured your advocacy of both. When I first read your review, my intention was to have passed it by in silent contempt. A better resolution succeeded; I felt it my duty to the public at large to expose it, that they too, like myself, might pity and despise you.

"Before concluding, let me here warn the youthful student against those pernicious farragos, termed, "Medical Quarterlies," publications which, for the most part, are almost exclusively dedicated to the interests of some little professional coterie, who make their pages the vehicle of the puffs by which the most ignorant and illiterate may readily obtain notoriety either as teachers or practitioners. Whatever praises these bestow out of their own immediate clique, are rarely accorded to other than a German mysticism or a French folly—an artificial nosology or Laennec's bauble. [!!] Every thing that clogs the approach to the gates of knowledge, every thing that leads to endless contest and controversy, affords the editors of these bulky tomes ample materials for the vagueness and verbiage which they dishonestly palm upon the inexperienced student in place of true learning and philosophy. For the lovers of truth, and the cultivators of science for its own sake, they reserve their ribald language and scurrility,—a scurrility which, instead of prejudicing the reader against an author's writings, ought, in almost every instance, to be a *prima facie* evidence of their excellence."

If the disapprobation of a production in the "quarterlies" be truly a proof of merit, then may the volume before us be considered rich indeed. As to any other titles to commendation it may possess we freely and honestly declare our entire ignorance.

Curtis on the Preservation of Health.¹

The character of this author is well known in his own country, and, were

¹ Observations on the Preservation of Health in Infancy, Youth, Manhood, and Age; with the best means of improving the moral and physical condition of man, (with a motto.) By John Harrison Curtis, Esq., &c. &c. 12mo, pp. 128. London, 1837.

it not, it might be gathered from the long advertisement of the Royal Dispensary for Diseases of the Ear—of which “J. H. Curtis, Esq., M. R. I., Aurist to his Majesty,” is “Director and Surgeon”—appended to the work before us. The author has been most polygraphic in his writings, and has doubtless found his advantage in the course he has adopted. We notice the present publication chiefly because we have reason to believe, that Mr. Curtis would be most happy to see an American reprint of it, in order that he might emblazon the circumstance by publishing it at the end of his list of “works by the same author,” as he has already done the titles of German versions of some of his monographs on the ear.

None of Mr. Curtis's works are positively bad; but we are safe, we think, in saying that not one of them adds to our existing knowledge of the topics on which they treat. They serve no one's purpose except the author's, and to him they act as so many advertisements.

Professor Griffith's Introductory Lecture.¹

We are not disposed to scan the merits and demerits of introductory lectures too closely. Although we have been induced to publish more than one, in compliance with the desires of the class, we have never felt that much, if any, credit could accrue from them.

The lecture before us is appropriately occupied with some observations on the duties and qualifications of the medical practitioner,—the former of which are too often unheeded, especially as respects what the practitioner owes to his professional brethren; hence the jealousies, envies, and petty malice so frequently observable amongst not only the members of the profession in their individual capacity, but amongst associations instituted for medical improvement. Did the members of the profession but observe a tithe of that liberality of sentiment which they would all be disposed to enforce *ex cathedra*, there would be none of that *odium* which has been presumed to belong as much to the profession of medicine as to the one to which its application has been made proverbial.

We observe, by the way, in the last number but one of the “British and Foreign Review,”² a quotation from Professor Griffith's introductory lecture, delivered last year in the University of Maryland, prefaced by the following remarks, which are equally applicable to the present lecture.

“It is really to be regretted that Professor Griffith, in whose lecture we see many opinions in which we fully concur, should have expressed himself in general so grandiloquently. After recommending, for instance, in unexceptionable terms, the combination of general information with professional acquirement, he adds, quite unnecessarily for the enforcement of his argument, the following lines:—

“‘The flimsy garniture required for the mere business of life, like the net of the retiarius, can only be employed in the attack, whilst the substantial panoply that qualifies its wearer for every emergency, like the arms of the soldier, give a form and an energy to the limbs that command respect and ensure success.’”

¹ Lecture Introductory to the Course on Pathology and Practice of Medicine, in the University of Virginia, for the Session of 1837-8. By R. Eglesfeld Griffith, M. D., Published by the members of the class. 8vo, pp. 16. Charlottesville, 1837.

² For July, 1837, p. 194.

Professor Griffith is evidently fond of this metaphor, for we find it reproduced in the lecture before us. *De gustibus, &c.!*

Hodgkin on the Morbid Anatomy of the Serous Membranes, &c.¹

Dr. Hodgkin is well known as an indefatigable cultivator of pathological anatomy; and the volume before us—the republication of which will be commenced in a future number of the “Library”—is one of the evidences thereof. It consists of twelve lectures and an appendix,—the first comprising preliminary observations; the five following being devoted to the serous membranes; the seventh to parasitic animals; the eighth to adventitious serous membranes; the ninth, tenth, and twelfth to malignant diseases; and the eleventh to the subject of the colours of the animal tissues. The appendix comprises notes and illustrative cases.

After a long review, the “British and Foreign Medical Review,” for July last (p. 55), thus sums up its opinion of the work.

“It is hardly necessary, after the trouble we have taken, to lay before our readers a full account of the contents of Dr. Hodgkin’s work, to give here our formal opinion of its merits. No book but a good one could have claimed from us so much time and attention as we have bestowed on it, or have supplied or suggested materials to fill so many of our pages as we have devoted to its consideration. It is, however, scarcely doing justice to our judgment to say that the work is simply good,—it is in every respect an excellent production; calculated to advance the progress of pathological science, and destined to take a permanent place among the higher order of the medical classics of this and other countries.”

Liston’s Surgery.²

The original of this work was issued in three parts, comprising so many volumes, in 1831–2. It was professedly intended as a compendium or guide for such students as resort to Edinburgh to acquire their surgical education. In Scotland the field was formerly occupied by the systems of Latta, B. Bell, and Allan, “but it being now vacant,” Mr. Liston has endeavoured to supply the deficiency by reducing the heads of his lectures into the present form. This strikes us as a singular reason for publication. Surgery must be the same in Edinburgh as it is elsewhere, and consequently no necessity need exist for *indigenous* works to elucidate it. We can scarcely imagine the reason, which the ingenuity of the distinguished surgeon will doubtless suggest, why this same work should be adapted for the lectures delivered by the author in London, where he is now practising his profession with signal success.

Proceeding, as it does, from one of the best operative surgeons of the day, the work could not but contain much useful matter, and as such merits recommendation.

¹ Lectures on the Morbid Anatomy of the Serous and Mucous Membranes. In two volumes. By Thomas Hodgkin, M. D., Demonstrator of Morbid Anatomy, and Curator of the Museum of Guy’s Hospital, Member of the Lyncean Academy at Rome, &c. Vol. I. On the Serous Membranes; and, as appended subjects, parasitical animals, malignant adventitious structures, and the indications afforded by colour. 8vo, pp. 402. London, 1836.

² Elements of Surgery. By Robert Liston, Fellow of the Royal Colleges of Surgeons in London and Edinburgh, Senior Surgeon to the Royal Dispensary for the City and County of Edinburgh, Lecturer on Surgery, &c. &c. 8vo, pp. 540. Philada., 1837.

*Prichard on Insanity.*¹

An excellent work by one of the best of English medical writers and observers. It is divided into twelve chapters. 1. Preliminary Remarks on the Definition of insanity; nosography of the disease and of its various forms. 2. Phenomena of Insanity. 3. Terminations of Insanity. 4. Causes of Insanity. 5. Necroscopical Researches into the Changes of Structure connected with Insanity. 6. Theory or Pathology of Mental Derangement. 7. Treatment of Insanity. 8. Of Puerperal Madness. 9. Of Idiotism and Mental Deficiency. 10. Statistics of Insanity. 11. Of Unsoundness of Mind in relation to Jurisprudence. And 12. Of Ecstatic Affections.

The appendix contains a supplementary note on peculiar conformations of the skull connected with mental derangement, with observations on the evidence of phrenology and on opinions respecting the functions of the brain.

Treatment of Catarrhus Vesicæ by Injections of Tar Water, &c.

In a late French periodical,² some cases are published from the records of the hospitals for 1829 and 1830, during the attendance of the late Professor Dupuytren, in which injections of tar water were successfully administered in catarrhus vesicæ, along with pills of turpentine.

The tar water was made by infusing in the cold, for a night, a pound of tar in ten pounds of spring water, filtering and warming before using it. Large quantities of this were injected through an elastic gum catheter, which was forthwith withdrawn and the patient directed to retain it as long as possible. The injection was repeated daily.

The Venice Turpentine was administered internally after the following form:—

R. Terebinthin. ʒ i.

Pulv. ejusvis, q. s. Fiant pilulæ 40.

Ten of these were given in the day,—the number being gradually diminished.

Treatment of Amaurosis by Caustic.

The advantages of revellents—the actual cautery, caustics, vesicants, &c. to the top of the head, temples, &c., in amaurosis—have been long appreciated. A case has recently been related by Dr. Jagielski,³ of a boy twelve years old, who had been blind for three years in consequence of epilepsy. The kali causticum, of the size of a dollar, was placed on the top of the head, and after the slough had separated, and suppuration been established, the boy began to see with his left eye, and when Dr. Jagielski reported the case—five weeks after the establishment of suppuration—he could distinguish almost every object by regarding them for a short time. The strychn-

¹ A Treatise on Insanity and other Disorders affecting the Mind. By James Cowles Prichard, M. D., F. R. S., Corresponding Member of the Institute of France, Member of the Royal Academy of Medicine of Paris, and of the Philosophical Society of Sienna; Senior Physician to the Bristol Infirmary, (with a motto.) 8vo, pp. 483. London, 1835. American edition, 8vo, pp. 339. Philadelphia, 1837.

² La Lancette Française, No. 42, Avril 8, 1837.

³ Beitragen zum Sanitäts-Berichte des Posener Regierungs-Bezirks, und Medicinische Zeitung, Feb, 22, s. 38.

nine had been ineffectually applied endermically for several weeks on both temples; and the belladonna with the oxymuriate of mercury had been administered internally without effect.

Medical Faculty of the new New York University.—We observe it stated on authority,¹ that the arrangements for forming the medical faculty are already completed; and that, as is the custom with several of the most distinguished medical schools abroad, the medical school of the university will have two terms during the year. The summer term will be from the middle of March to the latter part of June, and the winter term from the beginning of November to the end of February.

BOOKS RECEIVED.

From Dr. J. B. Woodward, the superintendent.—Reports and other Documents relating to the State Lunatic Hospital at Worcester, Mass. Printed by order of the Senate. 8vo, pp. 200. Boston, 1837.

[May we request the favour of Dr. Woodward to forward to us a copy of his excellent Reports, for the "British and Foreign Medical Review?"]

From the Author.—Lecture Introductory to the course on Pathology and Practice of Medicine in the University of Virginia, for the session of 1837-8. By R. Eglesfeld Griffith, M. D. Published by the members of the class. 8vo, pp. 16. Charlottesville, 1837.

From Messrs. Carey & Hart, the publishers.—Elements of Surgery. By Robert Liston, Fellow of the Royal Colleges of Surgeons in London and Edinburgh, Senior Surgeon to the Royal Dispensary for the City and County of Edinburgh, Lecturer on Surgery, &c. &c. 8vo, pp. 540. Philadelphia, 1837.

From the same.—A Treatise on Insanity and other Disorders affecting the Mind. By James Cowles Prichard, M. D., F. R. S., Corresponding Member of the Institute of France, &c. &c., (with a motto.) 8vo, pp. 239.

From J. J. Smith, Jun., Esq.—Animal Magnetism. Report of Dr. Franklin and other commissioners, charged by the King of France with the examination of the animal magnetism as practised at Paris. Translated from the French with an historical outline of the "Science," an abstract of the Report on Magnetic Experiments, made by a Committee of the Royal Academy of Medicine, in 1831, and remarks on Col. Stone's pamphlet. 8vo, pp. 58. Philadelphia, 1837.

From Dr. Forbes.—Clinical Illustrations of the more important Diseases of Bengal, with the result of an enquiry into their pathology and treatment. By William Twining, Member of the Royal College of Surgeons of London, &c., (with a motto.) Second edit. 2 vols. 8vo, pp. 481-438.

Encyklopädie der Gesammten Medicinischen und Chirurgischen Praxis, mit Einschluss der Geburtshülfe, der Augenheilkunde und der Operativchirurgie. Im verein mit mehreren praktischen Ärzten und Wundärzten; herausgegeben von Georg Friedrich Most, Doctor der Philosophie, Medicin, und Chirurgie, u. s. w. Zweite Auflage. Hft. 4, 5, 6, 7, 8, and 9, (Dysphobia-Phthisis.) 8vo. Leipzig, 1836-7.

Encyclopädisches Wörterbuch der Medicinischen Wissenschaften. Herausgegeben von den Professoren der Medicinischen Facultät zu Berlin D. W. Busch, C. F. V. Graefe, C. W. Hufeland, H. F. Lunk, J. Müller. Band. xiv. (Gebärmutter-Gift.) 8vo, s. 752. Berlin, 1836.

¹ New York Evening Star, for Nov. 6, 1837.